

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 mos., 21 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 8 mos., 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State D. C. County Washington
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Y.M.C.A., 12th Street, N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

MORTON. ASKEW.

3. (b) Social Security Number

231-03-4550

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Separated

6. (b) Name of husband or wife Beatrice Battle

7. Birth date of deceased (mo., day, yr.) September 6, 1922 6. (c) If alive, give age - years

8. AGE: Years 25 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace Portsmouth, Virginia
(Town, county, and state)10. Usual occupation Clerk, Food Market11. Industry or business ---12. Name Ira Askew13. Birthplace Windsor, North Carolina14. Maiden name Kattie Luton15. Birthplace Palstry, North Carolina16. Informant Deceased

Address

17. Removal Date thereof Aug 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location to Arlington, Va.18. Funeral director James C. ChinnAddress 2605 S. Seminary Rd. Arlington, Va.19. Aug 24, 1948 Registrar Rowland S. Philips
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24th 1948 at 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2nd 1947 to Aug 24 1948
 and that I last saw him alive on Aug 24 1948

Immediate cause of death

Pedmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finckel MD.Address Glenn Dale, Md. Date signed 8/24/48

RECEIVED

AUG 28 1948

BUREAU V. S.

Evidence for change of
age shown on:

FILE No. G 117 SEP 22 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08547
045

1. PLACE OF DEATH:

County Prince Georges
City or town Rivendale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 hours
Hospital, institution, or street address where death occurred:

Selma Memorial Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D. C.

City or town 1612 Del. Ave.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1612 Del. Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war W W I

3. (a) FULL NAME

Jack S. Barnett

3. (b) Social Security Number

579-05-5878

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Pardee Barnett

7. Birth date of deceased (mo., day, yr.) May 3, 1888 6. (c) If alive, give age 50? years

8. AGE: Years 60 Months 4 Days 3 It less than one day hrs. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual occupation Stone mason

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Lawrence C. Barnett

Address Ohio

17. Burial Date thereof 3 Sept 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington Nat. Cemetery

Location Arlington, Va.

18. Funeral director J. J. Mascho's Sons

Address 4739 Baltimore Ave. Hyattsville Md.

19. Sept 3 19 48 ms. J. J. Mascho
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 Aug 19 48 at 1 25 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 48

Immediate cause of death Retroperitoneal hemorrhage & shock

Due to Multiple fractures of pelvis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/30/48

Where did injury occur? St. Lincoln Cemetery
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fell 25 ft. from scaffold Injured at work?

23. SIGNATURE John J. Maloney Deputy Med. Examiner
Chesley - Maryland M. D. or other

Address Chesley - Maryland Date signed 9-2-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince Georges Co.
 City or town Daniels Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Peter Paul Beach

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Aug; 23, 1877

8. AGE:

Years

Months

Days

If less than one day

76 ?01

hrs.

min.

9. Birthplace

Mt. Clements, Mich.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER
MOTHER

12. Name

Peter Paul Beach, Sr.

13. Birthplace

Mich.

14. Maiden name

Unknown

15. Birthplace

Mich

16. Informant

Mary C. Beach

Address

Daniels Park, Maryland

17.

Burial

Date thereof

Aug. 27 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Ceder Hill

Location

Suitland, Maryland

18. Funeral director

F. Gaschis Sons

Address

Hyattsville, Md.

19.

August 26th 1948
(Date recd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo. Co.

City or town

Daniels Park

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 2419 48 at 6 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

to.....

19.....

and that I last saw him..... alive on.....

19.....

Immediate cause of death

Coronary Occlusion
My pericardial heart disease

DURATION

Sudden

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Maloney, Examiner

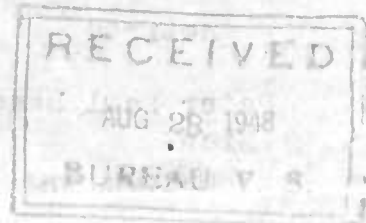
M. D. or other

Address

Chesley, Md.Date signed 8-25-48

~~1948-8-24~~
~~1871-8-23~~
~~177-0-1~~

~~1948-8-24~~
~~76-8-23~~
~~1871-0-1~~



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Prince George
 City or town Hyattsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yr. 4 mos.

Hospital, institution, or street address where death occurred:

Sacred Heart Home
 How long in hospital or institution? 3 yrs 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State 15 Bryant St. N.W. County Wash. D.C.
 City or town Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 15 Bryant St. N.W.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John T. Brown

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary B. Johnson

7. Birth date of

deceased (mo., day, yr.)

August 10, 1862

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

86-19

hrs.

min.

Washington, D.C.

(Town, county, and state)

10. Usual occupation

retired

11. Industry or business

Thomas Brown

12. Name

13. Birthplace

VA.

14. Maiden name

Fanny Partridge

15. Birthplace

VA.

16. Informant

Sacred Heart Home

Address

5805 Queens Chapel Rd.17. Burial

(Burial, cremation, or removal, which?)

Date there Aug 29, 1948

(month) (day) (year)

Cemetery or crematory

Glenwood Cemetery

Location

Wm. Leeer Sons

18. Funeral director

Address

300 4th St. N.E.19. Aug 291948

Date rec'd by registrar

James Seay

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1948 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1 1948 to Aug. 29 1948and that I last saw him alive on Aug. 28 1948Immediate cause of death Coronary vascular2. Stroke

DURATION

severalmonths

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Dr. Williams, M.D.Address 35 New York Ave. N.W.Date signed 8/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1666 - Vermont Pl.
n.e

D. H. Williams

RECEIVED

AUG 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08551

234

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

Aug. 13 1948

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

M. D. or other

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 10

19. 48 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May

19. 48

to August 10 48

and that I last saw h. alive on

19.

Immediate cause of death

Cerebral hemorrhage

DURATION

140.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank G. Swan Jr. M. D. or other

Address

Indian Head Md.

Date signed

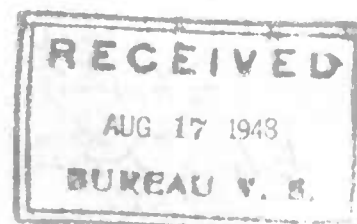
8-10-48

MARGIN RESERVED FOR BINDING

VS A15 9-15-15M

VS A15 9-15-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

AUG 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 mos., 24 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 6 mos., 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1605 Lincoln Road, N. E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Virginia Cartwright

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Sam Cartwright

7. Birth date of deceased (mo., day, yr.)

March 1, 1891

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

57

57

5

16

hrs.

min.

9. Birthplace

Starkville, Mississippi
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Robert Kincaid

13. Birthplace

Starkville, Mississippi

MOTHER

14. Maiden name

Nancy Rodney

15. Birthplace

Starkville, Mississippi

16. Informant

Deceased

Address

17.

Removal to work (Date thereof: Aug 17 1948)
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

8/17 48 Rowland S. Philips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 17 1948 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/23 1948, to 8/17 1948
and that I last saw him alive on 8/17/48 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

9 mos.

Due to

Due to

Other conditions

Carcinoma of throat

9 mos.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Kincaid MD
Glenn Dale, Md. Date signed Aug 17, 1948

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Brentwood Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Prince Geo

City or town Brentwood
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 3401 Taylor st
 (If rural give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

James Edward Chase

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male white single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec 10, 1891
 6.(c) If alive, give age years

8. AGE: Years 57 Months Days If less than one day
 hrs. min.

9. Birthplace Washington Dc
 (Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business

12. Name Wallace M. Chase13. Birthplace Maine14. Maiden name Alice G. Norris15. Birthplace Washington Dc16. Informant Viola BahfieldAddress Brentwood Md17. Burial Date thereof Aug 16, 1948

(Burial, cremation, or removal) (Which?) (month) (day) (year)

Cemetery or crematory Arlington CemeteryLocation Arlington Va18. Funeral director F. Guscha SonsAddress Hyattsville Md19. August 19, 1948 Ms Jas Severe
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1948 at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948 to Aug. 11 1948and that I last saw him alive on August 11 1948Immediate cause of death Carcinoma of Cecum and IleumDURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Inoperable Ca. of Cecum and IleumDate of op. July 7, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David J. Blayman MD

6311 Bath Ave M. D. or other

Address Brentwood Md Date signed 8-12-48

RECEIVED

AUG 14 1948

BUREAU V. S.

RECEIVED

AUG 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

93d

08553

2181

1. PLACE OF DEATH:

County Prince George's

City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days 7 hours

Hospital, institution, or street address where death occurred:

Prince George's General Hospital

How long in hospital or institution? 10 days 7 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4207 Kennedy St.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Hans Coates

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Ellen J. Coates

7. Birth date of deceased (mo., day, yr.) June 4, 1873 6.(c) If alive, give age..... years

8. AGE: Years 75 Months 2 Days 5 If less than one day..... hrs. min.

9. Birthplace va
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business U.S. Govt.

12. Name Coates Coates

13. Birthplace va

14. Maiden name Marie Hyenson va

15. Birthplace va

16. Informant Lloyd Coates

Address Hyattsville Md

17. Burial Date thereof Aug 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lincoln

Location Colonar Manor Md

18. Funeral director F. Gaschi, owner

Address Hyattsville Md

19. Aug 12 48 19 48 Amanda H. Coates
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9. 19 48 at 7:22 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....
PROBABLE ACUTE DILATATION OF
HEART.

Due to CORONARY + ARTERIO SCLEROTIC
HEART DISEASE + RENAL
INSUFFICIENCY

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Leslie French M.D.

Address 1726 EYE ST. NW M.D. or other

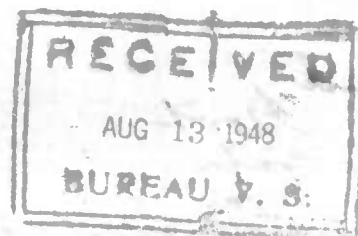
WASHINGTON DC. Date signed 10 AUG 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH

County Prince Georges
 City or town Brandywine
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Brandywine
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Prince Georges
 City or town Brandywine
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2. (a) If veteran, name war No.

3. (a) FULL NAME

CONNICK, RICHARD MANOAH

3. (b) Social Security Number

No.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife

BESSIE HYDE CONNICK

7. Birth date of deceased (mo., day, yr.)

Jan. 25, 1873

6. (c) If alive, give age

63 years

8. AGE:

Years

Months

Days

If less than one day

75

6

18

hrs.

min.

9. Birthplace

Aquasco, Md.
(Town, county, and state)

10. Usual occupation

Retired farmer

11. Industry or business

MOTHER FATHER

12. Name

Columbus A. Connick

13. Birthplace

Aquasco, Md.

14. Maiden name

Rebecca A. Scott

15. Birthplace

Aquasco, Md.

16. Informant

Aline Elizabeth Porter

Address

6911 Dartmouth Ave. College Pk, Md.

17.

Burial

Date thereof

Aug. 16, 1948

(Burial, cremation, or removal, which?)

Cemetery or crematory

St Paul's

Location

Bach, P. Georges Co., Md.

18. Funeral director

Ritchie Bros.

Address

Upper Marlboro, Md.

19.

Aug. 15, 1948

F. H. Billingsley

(Date registered by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

AUGUST 13, 1948, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

~~APR~~ MAY 19, 1948 to JAN 19, 1948
 and that I last saw him alive on JANUARY 19, 1948

Immediate cause of death

Coronary thrombosis

Due to

arteriovascular

Due to

heart disease

Other conditions

+ Cardiac insufficiency

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ref. R. Lapan, M.D.
 Aquasco, Md. Date signed Aug 17, 1948

08554

93d

RECEIVED

AUG 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08555
242

1. PLACE OF DEATH:

County..... Prince Georges County
City or town..... Andrews Air Force Base
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Worked here 6 years

Hospital, institution, or street address where death occurred:
Andrews Field Hospital

How long in hospital or institution?..... 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince Georges

City or town..... Clinton
(If outside city or town limits, write RURAL and give nearest town)Street No..... none
(If rural, give LOCATION)

2.(a) If veteran, name war..... no

3. (a) FULL NAME

HERBERT DAVIS COPELAND

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... Annie N. Copeland

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... December 24, 1891

8. AGE: Years..... 56 Months..... 7 Days..... 26
..... hrs. min.9. Birthplace..... Kentucky
(Town, county, and state)

10. Usual occupation..... Carpenter

11. Industry or business..... Andrews Air Force Base

12. Name..... Jacob D. Copeland

13. Birthplace..... Kentucky

14. Maiden name..... Mary Smith

15. Birthplace..... Kentucky

16. Informant..... Annie N. Copeland Wife

Address..... Clinton Maryland

17. Burial Date thereof..... Aug 23, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Cemetary

Location..... Washington National

18. Funeral director..... W.W. Chambers

Address..... 517 11th Street. S.E.

19. Aug 20, 1948 E. F. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 20 August 1948 at 5:15p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
did not attend until death at 19.

and that I last saw h..... alive on..... 19.

Immediate cause of death..... acute cardiac failure

Due to..... cardiovascular renal disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... none

Date of op.....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... injured at work?

23. SIGNATURE..... Robert Nelson M.D.

Address..... Andrews Field Hosp Date signed 21 Aug 48

M.D. on file

Address..... Andrews Field Hosp Date signed 21 Aug 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Riverdale Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6.5 hrs 9 min

Hospital, institution, or street address where death occurred:

Zeland Memorial HospitalHow long in hospital or institution? 6.5 hrs 9 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Orth Ramon
 (If outside city or town limits, write RURAL and give nearest town)Street No. 4305 Eastern Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Baby girl Braun, CAROL ELAINE

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

new born

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 2 1948

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

2 17.5 hrs. 9 min.

9. Birthplace

Riverdale Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Carl Edgar Braun

13. Birthplace

Virginia

14. Maiden name

Geneva Elaine Myers

15. Birthplace

Virginia

16. Informant

Hospital record

Address

17.

Burial

Date thereof

Aug 7, 1948

(Burial, cremation, or removal, which?)

Cemetery or crematory

Evergreen

Location

Bladensburg Md

18. Funeral director

F. Busch's sons

Address

Sydneyville Md

19.

Aug 6 1948

19.

James Servy

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1948 at 6:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 2 1948 to Aug 5 1948and that I last saw her alive on Aug 5 1948

Immediate cause of death

Permatally 6 1/2 mo twin

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L W Malin M.D.

M. D. or other

Address Riverdale Md Date signed 8-5-48

RECEIVED

AUG 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08552 245

1. PLACE OF DEATH:

County Prince Georges
City or town Shannonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 years
Hospital, institution, or street address where death occurred:
Sacred Heart Home
How long in hospital or institution? 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Shannonville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5805 - Sheno Chapel Road.
(If rural, give LOCATION)
2. (a) If veteran, name war Spanish American

3. (a) FULL NAME

Patrick G. Danaher

3. (b) Social Security Number

none

4. Sex m 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 19, 1864. 6. (c) If alive, give age..... years

8. AGE: Years 84 Months 4 Days 1 If less than one day..... hrs. min.

9. Birthplace Washington DC
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business.....

12. Name Thomas Danaher

13. Birthplace Ireland

14. Maiden name Mrs. M. Mamasara

15. Birthplace Ireland

16. Informant Records of Sacred Heart Home.
Address

17. Burial Date thereof 8-24-48
(Burial, cremation, or funeral, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Washington, DC

18. Funeral director C. Dan Lee's Sons Co

Address 306 - 4th St N.E. DC

19. Aug 21 19 48 Lemonda A. Rooney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 19 48 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19....., to 19..... and that I last saw him..... alive on 19.....

Immediate cause of death Chronic Myocarditis

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE John J. Maloney Dep. Med. Exam.

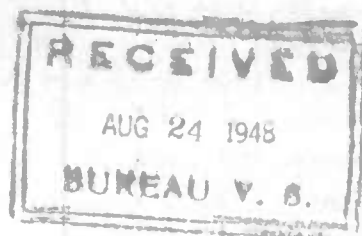
M. D. or other

Address Chesley, Md Date signed 8-20-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 08558 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 hours, 15 min.
 Hospital, institution, or street address where death occurred:
Prince Georges General Hospital
 How long in hospital or institution? 17 hours, 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Wash. D.C. County _____
 City or town Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 308 F. Street, N.W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Patrick Emmet Dunn

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary E. Dunn
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 18, 1890
 8. AGE: Years 57 Months 8 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Granville, Iowa
 (Town, county, and state)
 10. Usual occupation Accountant
 11. Industry or business _____

12. Name Peter Dunn
 13. Birthplace Ireland
 14. Maiden name Elizabeth Farrell
 15. Birthplace Pennsylvania

16. Informant Mary L. Chadwick
 Address 637 Gallatin Street
transportation Date thereof Aug 28, 1948
 (Burial, cremation, or removal) Which? (Month) (day) (year)

Cemetery or crematory Green Castle
 Location Indiana
 18. Funeral director F. Gasche sons
 Address Myattsville Ind.

19. 8/28 1948 Amanda Dorsey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1948 at 5.35P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____
Mesenteric Thrombosis
Toxemia

Due to _____
 Due to _____

Other conditions Purulent Lepto
Meningitis.
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 _____ Date of op. _____

Autopsy results Same
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE John J. Maloney Deputy
med. exam
M. D. or other
Address Chesbury, Md. Date signed 8-26-48

RECEIVED

AUG 31 1948

BUREAU V. S.

08559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1700 281

1. PLACE OF DEATH:

County Prince Georges
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 minutes
 Hospital, institution, or street address where death occurred:
Prince Georges Hospital
 How long in hospital or institution? 35 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DC County DC
 City or town Shawington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7597 Shaw Drive
 (If rural, give LOCATION)
 2(a) If veteran, name war ☒

3. (a) FULL NAME

Edton, Mrs. Madeline

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Charles Edton7. Birth date of deceased (mo., day, yr.) Nov. 26, 1921

8. AGE: Years 26 Months 9 Days 17 (c) If alive, give age years
 (If less than one day) hrs. min.

9. Birthplace Alexandria Va
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Dangerfield Barrett
 13. Birthplace Virginia

14. Maiden name Mary O'Connor
 15. Birthplace Wash., D.C.

16. Informant Husband
 Address 4597 Shaw Drive

17. Burial Date thereof Aug 17, 1948
 (Burial, cremation, or removal, Which?) (Month) (day) (year)

Cemetery or crematory St. Lincoln
 Location Colmar Manor Md

18. Funeral director F. Paschke song
 Address Hyattsville Md.

19. 8/17/48 19 48 Amenda Dozono
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 19 48 at 12:52 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw h. alive on 19

Immediate cause of death Fracture base of skull, intracranial hemorrhage
Cerebral concussion

Due to Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug 13, 1948Where did injury occur? Bladensburg, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public highwayMeans of injury Fell from auto Injured at work?

23. SIGNATURE John D. Maloney Dep. med. Examiner
 Address Cheverly-Hyattsville M. D. as above
 Date signed 8-13-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08560 239

1. PLACE OF DEATH:

County PRINCE GEORGE
 City or town AMMENDALE
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Pr Geo
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

BRO FIRMUS EDWARD

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec 7 1872

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace PHILADELPHIA
 (Town, county, and state)

10. Usual occupation TEACHER RETIRED

11. Industry or business _____

12. Name NOT KNOWN
 13. Birthplace _____

14. Maiden name NOT KNOWN
 15. Birthplace _____

16. Informant BRO E JAMESAddress AMMENDALE

17. BURIAL Date thereof SEPT 1 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory AMMENDALELocation AMMENDAL MD18. Funeral director W W Chamber CoAddress Riverside, Ind

19. Aug 29 48 M. Bushnell
 (Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29 19 48 at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4:8 19 48 to 8:29 19 48
 and that I last saw him alive on 8-27 19 48

Immediate cause of death Adeno Carcinoma
of mouth
 Due to with Metastasis

DURATION

9 mo

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE JB Pharm

M. D. or other

Address Ames Date signed 8-29-48

RECEIVED

SEP 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince Georges

City or town Brandywine
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Croome Davis Shop Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Brandywine
(If outside city or town limits, write RURAL and give nearest town)

Street No. Croome Davis Shop Road

(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME

John Webster Fergusson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Florence Fergusson

7. Birth date of deceased (mo., day, yr.)

February 3, 1883

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

65

6

21

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Clay Fergusson

13. Birthplace

Maryland

14. Maiden name

Betty Shammell

15. Birthplace

Maryland

16. Informant

Wesley Fergusson

Address

Brandywine, Md.

17.

Burial

Date thereof Aug. 9, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Philip's Church Cem.

Location

Aquasco, Md.

18. Funeral director

Ritchie Bros.

Address

Upper Marlboro, Md.

19.

August 7, 1948

(Date rec'd by registrar)

F. H. Bellingsley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1948, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____, to 19____

and that I last saw him alive on 19____

Immediate cause of death

Acute congestive heart failure

Due to

Cardiomegaly

Due to

renal disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Deputy Medical Examiner
Address: 2015 1st St. N.E. Date signed: 8-5-48

M. D. or other

Date signed

8-5-48

08561

1310

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 239

1. PLACE OF DEATH:

County Prince GeorgeCity or town Lansdale
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 240

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Va County NorthumberlandCity or town Callas
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Howard Fisher7. Birth date of deceased (mo., day, yr.) March 23, 1894 B. (c) If alive, give age 54 years8. AGE: Years 54 Months 5 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Callas Northumberland, Va.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business _____

12. Name Sittleton Winstead13. Birthplace Callas, Va.14. Maiden name Elizabeth Winstead15. Birthplace Farmington, Va.16. Informant Robert BushAddress Lansdale Md.17. Callas Va Date thereof 8/24/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Callas VaLocation Northumberland Co Va18. Funeral director James T. Ryan IncAddress 317 Penn ave D.C.19. Aug 24 1948 M. Brashear
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24 1948 at 6:15 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-15 1948 to 8/24 1948and that I last saw him alive on 8/23 1948Immediate cause of death Carcinoma LungDue to Cancer Breast

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antemortem results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE M. Brashear M. D. or otherAddress Lansdale Date signed 8/24/48

RECEIVED

CERTIFICATE OF DEATH

RECEIVED
AUG 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Riverdale Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred Deland Memorial Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Berwyn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4900 Indian Lane
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mr. Henry Gailer

3. (b) Social Security Number

4. Sex m 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Joanna Gailer
 6. (c) If alive, give age 79 years
 7. Birth date of deceased (mo., day, yr.) May, 4, 1866
 8. AGE: Years 82 Months 03 Days 14 If less than one day
 hrs. min.

9. Birthplace North Carolina
 (Town, county, and state)
 10. Usual occupation Government Machinist.
 11. Industry or business Retired
 12. Name Solomon Gailer
 13. Birthplace ?
 14. Maiden name Jessy Wade
 15. Birthplace ?

16. Informant George A. Gailer, (Hospital records)
 Address 4902 Indian Lane, Berwyn Md.
 17. Buried date thereof 8/19/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Fort Lincoln Cemetery
 Location Wash. D.C.
 18. Funeral director W.W. Chambers Co.
 Address 5801 Cleveland Ave
Aug 19 1948 James Percy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1948 at 11:20 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 14 1948 to Aug 18 1948
 and that I last saw him alive on Aug 18 1948
 Immediate cause of death Cholelithrombosis
 Due to Hypertension
 Due to General arteriosclerosis
 Other conditions.....
 (Include pregnancy within 8 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE L. W. Malin M.D.
 Address Riverdale Md. Date signed 8-19-48

08563

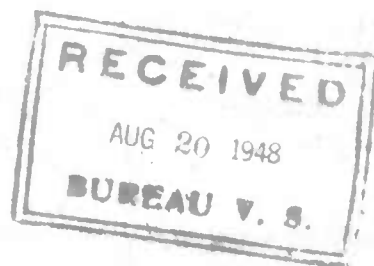
832

245

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs., 8 mos., 2 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 10 yrs., 8 mos., 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2222 - 13th St., N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... ✓

3. (a) FULL NAME

CALLIE GARDNER

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Annulled

6. (b) Name of husband or wife. ---

7. Birth date of deceased (mo., day, yr.) March 19, 1904 6. (c) If alive, give age. --- years

8. AGE: Years 44 Months 4 Days 25 If less than one day hrs. min.

9. Birthplace. ? Tennessee (Town, county, and state)

10. Usual occupation. Housework

11. Industry or business. ---

12. Name. Charles Gardner

13. Birthplace. ? Tennessee

14. Maiden name. Della Rhea

15. Birthplace. ? Tennessee

16. Informant. Deceased

Address

17. removal (Burial, cremation, or removal. Which?) Date thereof. Aug. 14, 1948 (month) (day) (year)

Cemetery or crematory

Location. to Washington, D.C.

18. Funeral director. Robt. G. McGuire

Address. 1820 - 9th St., N.W., Wash., D.C.

19. Aug. 14, 1948 Rowland S. Phillips Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Aug - 13 1948, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1937, to Aug 13 1948 and that I last saw him alive on Aug 13 1948

Immediate cause of death. Pulmonary Tuberculosis DURATION 10 yrs 9 mos.

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operation.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. Daniel P. Pinckney M.D.

Address. Glen Dale, Md. Date signed. 8-13-48 M. D. or other

RECEIVED
AUG 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
City or town Chesley
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 days 20 hours
Hospital, institution, or street address where death occurred:
Prince Georges General Hospital
How long in hospital or institution? 10 day 5 20 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Frederick
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Lillian Gibson

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband George Gibson

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1902 6. (c) If alive, give age _____ years

8. AGE: Years 46 Months 5 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business _____

12. Name George Cault

13. Birthplace Balto Md

14. Maiden name Mary E. Oagen

15. Birthplace Balto Md

16. Informant Mr. George Gibson

Address Prince Frederick Md

17. Burial Date thereof Aug. 14, 48
(Burial, cremation, or removal. Write ?) (month) (day) (year)

Cemetery or crematory Asbury

Location Barstow Md

18. Funeral director Wm. A. Hutchins

Address Civings Md.

19. Aug 13 19 48 Grace S. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 19 48 at 6:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Embolism in right
pulmonary artery
fracture of left
humerus

Due to _____

Other conditions multiple contusion

body fracture of 12th rib
(Indicate pregnancy within 3 months of death)

Major findings of operations vertebrae

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-31-48

Where did injury occur? Upper member of right
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Road 300 yds

Manner of death Passing in day that died

Keep with medical record

23. SIGNATURE James I. Lord M. D. or other _____

Address Frederick Md Date signed 8/11/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George'sCity or town Cheverly, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 1/2 hours

Hospital, institution, or street address where death occurred:

Prince George's General HospitalHow long in hospital or institution? 17 1/2 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne ArundelCity or town Marley Park, Glen Burnie, Md. P.O.
(If outside city or town limits, write RURAL and give nearest town)Street No. Marley Neck Road.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

John GrundJohn Grund

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Mary GrundNee Leonard6.(c) If alive, give age 37 years

7. Birth date of

deceased (mo., day, yr.) April 27, 1901

8. AGE:

Years

Months

Days

If less than one day

47320

hrs.

min.

9. Birthplace

Laan, Estonia

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

Martell & CompanyFATHER
MOTHER

12. Name

Madis Grund

13. Birthplace

Estonia, Europe

14. Maiden name

Wiiu Jogi

15. Birthplace

Estonia, Eurppe.

16. Informant

Mrs. John GrundAddress Marley Park, Glen Burnie, Md. P

17. Burial

Date thereof August 19, 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Glen Haven

Location

Glen Burnie, Md.

18. Funeral director

Thomas W. Singleton

Address

Glen Burnie, Md.

19.

8/20th
(Date rec'd by registrar)

19

48 Amanda L. Jorgensen
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 19 48 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48, to 19 48and that I last saw him alive on 19 48

Immediate cause of death

Intracranial hemorrhage

DURATION

Due to

Fractured skull & cerebral contusion.

Due to

Automobile accident.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

AccidentDate of 8-16-48

Where did injury occur?

Near Collington B. Sec. Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Public Highway

Means of injury

Auto accident

Injured at work?

No

23. SIGNATURE

John D. Maloney, Dep. Med. Exam
A. D. or other

Address

Chesley, Balt. Md.

Date signed

8-17-48

08566

1700

231

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in full. Indicate cause of death clearly and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 3 mos., 19 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution?..... 3 mos., 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 2010 - 10th St., N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

HARDEN WILLIAM

3. (b) Social Security Number

- - -

4. Sex..... Male
 5. Color or race..... Negro
 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Barbara Lee Harden
 6.(c) If alive, give age..... 33 years
 7. Birth date of deceased (mo., day, yr.)..... November 15, 1915
 8. AGE: Years..... 32 Months..... 32 Days..... 8 If less than one day..... hrs. min.

9. Birthplace..... Nashville, Georgia
 (Town, county, and state)
 10. Usual occupation..... Billing Attendant
 11. Industry or business..... - - -
 12. Name..... Will Harden
 13. Birthplace..... Ashville, North Carolina
 14. Maiden name..... Anna Mae Atkinson
 15. Birthplace..... Jacksonville, Florida
 16. Informant..... Deceased

Address.....
 17. Reinterment to Wash. D.C. Date thereof..... Aug 13, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director..... Trayner Funeral Home Inc
 Address..... 389 - R Ave NW
Pliv
 19. Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 12, 1948 at..... 2:05 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 4/23 1948 to..... 8/12 1948
 and that I last saw him alive on..... 8/12 1948
 Immediate cause of death..... pulmonary tuberculosis DURATION..... 6 mos.
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... Daniel R. Pinnick MD
 Address..... Glenn Dale, Md. Date signed..... 8/12/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 248

1. PLACE OF DEATH:

County Prince Georges
 City or town Hillside, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 years
 Hospital, institution, or street address where death occurred:
none
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Pr. Georges
 City or town (Hillside Md) Washington 19
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1214-59 Ave
 (If rural, give LOCATION)
 2. (a) If veteran, name war —

3. (a) FULL NAME

Magdalena Harich

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Philip Harich
Deceased

7. Birth date of deceased (mo., day, yr.) April 14 1882 6. (c) If alive, give age — years

8. AGE: Years 66 Months — Days — If less than one day — hrs. — min.

9. Birthplace Jugoslavia
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Karl Mattern

13. Birthplace Jugoslavia

14. Maiden name Anna Echale

15. Birthplace Jugoslavia

16. Informant Teresa Newton

Address 1220 59th St Hillside Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Aug 27 1948
 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Switland, Md

18. Funeral director W. W. Chambers Co

Address 517 11th St S.E. DC

19. Aug 25 19 48
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 19 48 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 19 48 to Aug 24 19 48
 and that I last saw h. per alive on Aug 20 19 48

Immediate cause of death Broncho

pneumonia

Due to General Arterio

Sclerosis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no

Accident, suicide, or homicide — Date of —

Where did injury occur? —
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE Paul C. ... M. D. or other —

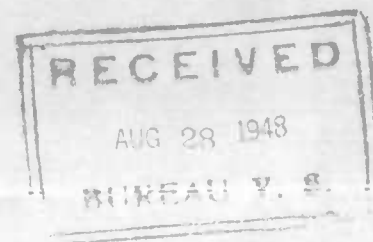
Address Washington 1948 Date signed Aug 24 1948

MARGIN RESERVED FOR BINDING

VS-A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08568



08569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
City or town Landover
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Penn. R.R. Tracks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County _____City or town Washington, D.C.
(If outside city or town limits, write RURAL and give nearest town)Street No. 1714 Bay St., S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Cecil Ford Hart

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Alice Elizabeth Hart7. Birth date of deceased (mo., day, yr.) May 10, 1916 6.(c) If alive, give age 26 years8. AGE: Years 32 Months 3 Days 19 If less than one day _____ hrs. _____ min.9. Birthplace Florida
(Town, county, and state)10. Usual occupation Brakeman11. Industry or business Penn. R.R.12. Name Rubin Henry Hart

13. Birthplace _____

14. Maiden name Lillian Boyett

15. Birthplace _____

16. Informant Alice Elizabeth HartAddress 1714 Bay St., S.E. Wash, D.C.17. Burial Aug 31, 1948
(Burial, cremation, or removal. Which?) Date thereof _____
(Month) (day) (year)Cemetery or crematory LincolnLocation Colman Manor Ind.18. Funeral director F. Gaechi sonsAddress Styattville Ind.19. 8/31 19 48 Amanda Dooney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 19 48 at 11:40 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
and that I last saw him _____ alive on _____ 19 _____Immediate cause of death Complete decapitation and
multiple compound fractures
of bodyDue to Being struck by train

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

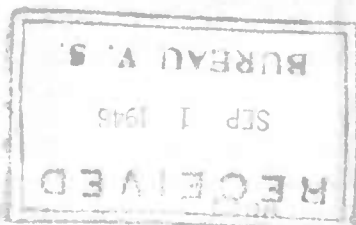
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of 8-29-48Where did injury occur? Landover Pr. Geo. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Railroad tracksMeans of injury Struck by train Injured at work? yes23. SIGNATURE John J. Maloney Dep. Med.
Cherub, Md M.D. or other _____Address Cherub, Md Date signed 8-30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



08570

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince George'sCity or town Cederville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Cederville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Martin Anthony Hawkins

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 17, 1946

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

223

hrs.

min.

9. Birthplace

Washington DC
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1948 at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Pneumonia

DURATION

Due to

measles

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy medical examiner

23. SIGNATURE

as above

M.D. or other

Address Frederick Md Date signed 8-20-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenarden
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George

City or town Glen Arden
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Septus Kennard Hester

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

—

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct 11, 1947

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

4920hrs.min.

9. Birthplace

Washington D.C.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

August 1, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

8/2
(Date rec'd by registrar)1948Amanda Downey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1948 at 4a M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death

3rd degree burn of entire body

DURATION

Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

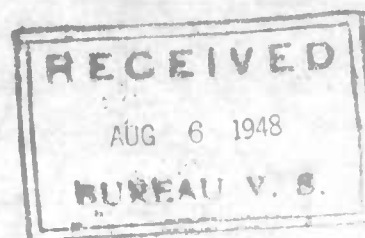
Accident, suicide, or homicide Accident Date of 8-1-48

Where did injury occur? Glen Arden P.G. (City or town) md. (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury Death by fire Injured at work?

23. SIGNATURE

John J. Maloney Dep. Med. Exam.
 Address Chesley Maryland Date signed 8-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08572 345

1. PLACE OF DEATH:

County Prince Geo.City or town Brentwood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State MD County Prince Geo.City or town North Brentwood
(If outside city or town limits, write RURAL and give nearest town)Street No. 4511 - 40th Ave
(If rural, give LOCATION)

2. (a) If veteran, name war:

3. (a) FULL NAME

Ada Jackson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Lypus Jackson

7. Birth date of deceased (mo., day, yr.)

July 4-1881

6. (c) If alive, give age years

1945

8. AGE:

66

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Joshua Murray

13. Birthplace

Va.

14. Maiden name

Eveline Brooks

15. Birthplace

Va.

16. Informant

Thomas Carter

Address

Fairfax Va.

17. removal (Burial, cremation, or removal Which?)

Date thereof Aug 28 1948
(month) (day) (year)

Cemetery or crematory

Location

Washington D.C.

18. Funeral director

Henry S. Washington & Son

Address

467 N. St. N.W. Wash. D.C.

19. (Date rec'd by registrar)

Aug 28 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1948 at 11:14 P.M.

I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug 23 1948 to Aug 27 1948and that I last saw him or her on Aug 27 1948

Immediate cause of death

DURATION

Carcinoma of H. heart 4 yrsCarcinomastomach 1 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

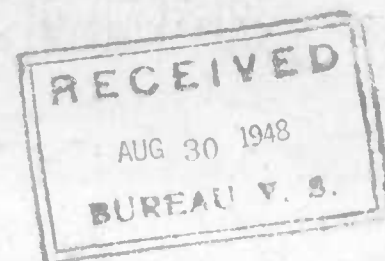
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. L. HuberAddress 513 - 8th St. Laurel Md. Date signed Aug 27 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince GeorgesCity or town Chesley Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 daysHospital, institution, or street address where death occurred:
Prince Georges HospHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince GeorgesCity or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)Street No. 6116-58th Ave
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Maxine W James

3. (b) Social Security Number

4. Sex F5. Color or race W6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife John James7. Birth date of deceased (mo., day, yr.) July 17, 19118. AGE: Years 37 Months 0 Days 0 It less than one day 0 hrs. 0 min.9. Birthplace Peoria Illinois
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name E. J. Anderson13. Birthplace Illinois14. Maiden name Grace Thompson Gray15. Birthplace Illinois16. Informant Husband - John JamesAddress Riverdale Md17. Burial Aug 9, 1948(Burial, cremation, or removal) Which? Burial Date thereof Aug 9, 1948 (month) (day) (year)Cemetery or crematory Rock CreekLocation Washington D.C.18. Funeral director F. Gasche sonsAddress Hyattsville Ind19. Aug 8, 1948 Amanda L. Doroney

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 August 1948, at 3:55 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-2-1948 to 8-6-1948and that I last saw him alive on 8-6-1948Immediate cause of death Cerebral Hemorrhage DURATION 4 daysDue to Rupture of Artery 3 Middle Cerebral Artery 4 daysDue to Cold & Bronchitis 2 weeksOther conditions Cold & Bronchitis 2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE W. B. Myers M.D. M. D. or otherAddress Int. Revenue Bldg Date signed 8-7-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG. 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 6 mos., 29 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution?..... 6 mos., 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
529 - 26th St., N. W.
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME

JAMES RICHARD

3. (b) Social Security Number

225-05-4107

4. Sex..... Male
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Separated
 6. (b) Name of husband or wife..... Elizabeth Williams
 6. (c) If alive, give age..... 40 years
 7. Birth date of deceased (mo., day, yr.)..... July 15, 1907
 8. AGE: Years..... 41 Months..... 41 Days..... 23 It less than one day..... hrs. min.

9. Birthplace..... Florence, South Carolina
 (Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... ---

FATHER
 12. Name..... Chess James
 13. Birthplace..... Florence, South Carolina
 MOTHER
 14. Maiden name..... Elvira Wilson
 15. Birthplace..... Florence, South Carolina
Deceased

16. Informant.....
 Address.....

17. removal Date thereof..... Aug 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....
 Location..... Washington, D.C.

18. Funeral director..... Jacob Brown
 Address..... 2826 Eye St., N.W., Wash., D.C.

19. Aug 9, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug 7, 1948, at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8, 1948, to Aug 7, 1948
 and that I last saw him alive on Aug 7, 1948

Immediate cause of death.....
 DURATION.....

Pulmonary Tuberculosis 11 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Prineas M.D.
 M. D. or other

Address..... Glenn Dale, Md. Date signed..... 8/7/48

RECEIVED

14
AUG 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 mos., 10 days
 Hospital, Institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or Institution?..... 2 mos., 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1631 Kramer St., N. E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

JOHNSON JOHN ALBERT

3. (b) Social Security Number

4. Sex..... Male
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Separated

6. (b) Name of husband or wife..... Hattie Addison
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... May 10, 1889

8. AGE: Years..... 59 Months..... 59 Days..... 2 It less than one day..... hrs. min.
27

9. Birthplace..... Howard Co., Maryland
 (Town, county, and state)

10. Usual occupation..... Truck Driver

11. Industry or business.....

FATHER 12. Name..... William Thomas Johnson
 13. Birthplace..... ?

MOTHER 14. Maiden name..... Mary Fisher
 15. Birthplace..... ? Maryland

16. Informant..... Deceased
 Address.....

17. Burial Date thereof..... Aug 10 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... West Auburn Cemetery
 Location..... Bethesda, Md

18. Funeral director..... Mrs. Kate R. Williams
 Address..... 322 N. Schroeder St. Balto. Md.

19. 8/7 48 Registrar..... Rowland S. Philips
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 6 1948 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/26/48 to 8/6/48 and that I last saw him live on 8/6/48

Immediate cause of death..... pulmonary tuberculosis DURATION..... 4 mos

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Daniel Leo Pinecone MD M. D. or other
 Address..... Glenn Dale Md. Date signed..... 8/6/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

RECEIVED

AUG 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 08575
245

1. PLACE OF DEATH:

County Prince GeorgesCity or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 31 hoursHospital, institution, or street address where death occurred:
Leland Memorial HospitalHow long in hospital or institution? 31 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Berwyn
(If outside city or town limits, write RURAL and give nearest town)Street No. Canary Trailer Camp- Lot 39
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Bethel James Kemper

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Betty Kemper7. Birth date of deceased (mo., day, yr.) Feb. 10, 19066.(c) If alive, give age 38 years8. AGE: Years 42 Months 6 Days 16 If less than one day
.....hrs.min.9. Birthplace Kansas
(Town, county, and state)10. Usual occupation PIPE FITTER

11. Industry or business

12. Name Logan Edgar Kemper13. Birthplace Kentucky14. Maiden name Alice Elizabeth Sherrill15. Birthplace Kentucky16. Informant Leland Memorial Hosp. Records.
Address Riverdale, MarylandDate thereof Aug 29 1948
(Burial, cremation, or funeral, which) (month) (day) (year)Cemetery or crematory Lawbury
NebraskaLocation 7 Speck's Cove18. Funeral director Wyattsville MdAddress Aug 29 48 Javis Berry

Date rec'd by registrar (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1948 at 11.45p

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....
and that I last saw him.....alive on.....19.....Immediate cause of death Acute Congestive Heart FailureDue to Acute toxemiaDue to Alcoholism

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John J. Maloney Examiner
M. D. or other
Cherry- Md Date signed 8-27-48

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 31 1948

BUREAU V. S.

RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08572 245

1. PLACE OF DEATH:

County Prince George
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 41 days
 Hospital, institution, or street address where death occurred:
Eugene Heland Memorial Hospital.
 How long in hospital or institution? 41 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3809-10th St., N.W., Wash., D.C.
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Mary M. Klein

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.

6.(b) Name of husband or wife Mr. Anton W. Klein
(Deceased) 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1874

8. AGE: Years 73 Months 9 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D.C.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Mr. Ignatius Miller

13. Birthplace Washington, D.C.

14. Maiden name Mrs. Matilda Miller

15. Birthplace Washington, D.C.

16. Informant Mr. H. James Klein (Son)

Address 3809-10th St. N.W., Wash., D.C.

17. Burial Date thereof Aug 31, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Marys Cemetery

Location Washington D.C.

18. Funeral director Francis J. Collins Funeral Home

Address 3821-14th St. N.W.

19. Aug 28, 1948 Mrs. Jas Severe
 (Date rec'd by Registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28, 1948 at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1948 to Aug 28, 1948
 and that I last saw him alive on Aug 28, 1948

Immediate cause of death _____

Due to Cerebral hemorrhage
arteriosclerotic heart
disease

Due to _____

Other conditions diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE St. G. Rehsperber, Jr. M.D.

Address 4404 Greenway Rd. Rockville, Md. Date signed Aug 28, 1948

RECEIVED

AUG 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

08579

175a

1. PLACE OF DEATH:

County Pr. Georges
 City or town Bowie
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Pr. George
 City or town Bowie
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Somerset Road
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles Edgar Lloyd

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary Elizabeth Lloyd
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug 26, 1895
 8. AGE: Years 62 Months 11 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county and state)
 10. Usual occupation Farm-hand
 11. Industry or business
 12. Name Jef. Lloyd
 13. Birthplace Maryland
 14. Maiden name E. Steward
 15. Birthplace Maryland

16. Informant John Lloyd
 Address 1714 N. Post St., Balt. Md
 17. Burial Date thereof Aug 13, 1948
 (Burial, cremation, or removal. Which?) (Month) (day) (year)
 Cemetery or crematory Church of Ascension Cemetery
 Location Bowie Md
 18. Funeral director F. Gusch's sons
 Address Hyattsville Md

19. Aug. 12 19 48 Mrs. Jas. Severe
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 19 48 at 4:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death accidental amputation of right leg - hemorrhage & shock
 Due to horse drawn disc.
 Due to _____

Other conditions Deep laceration & puncture of right thorax
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide accident Date of 8-10-48
 Where did injury occur? Bowie, Md Pr. Geo.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Farm
 Means of injury Fell into disc Injured at work? yes

23. SIGNATURE John J. Maloney, M.D.
Cherley Hyattsville M. D. other
 Address _____ Date signed 8-12-48

RECEIVED

AUG 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08528
265

1. PLACE OF DEATH:

County Prince Georges
City or town Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

4305-30th Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)Street No. 4305-30th Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Clara Nettie Lomp.

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Louis Lomp.

7. Birth date of deceased (mo., day, yr.)

Dec 3, 1879

6. (c) If alive, give age

68 years

8. AGE:

Years

Months

Days

If less than one day

68

8

15

hrs.

min.

9. Birthplace

Baltimore, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Augustus Oberline

13. Birthplace

Unknown

14. Maiden name

Nettie Lomp

15. Birthplace

Unknown

16. Informant

Mrs. Helen Copen

Address

4305-30th St. Mt. Rainier, Md.

17.

Burial

Date thereof

Aug 24, 1948

(Burial, cremation, or removal? Which?)

Cemetery or crematory

Location

Washington National
Prince Georges County, Suitland Md.

18. Funeral director

W. W. Chambers Co.

Address

5801- Cleveland Ave. Riverdale Md.

19.

Aug 23

19

48

James Percy

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1948 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Hypertensive Heart Disease

DURATION

4 yrs

Due to

Diabetes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Mahoney Jr. sep. md
Chesley, Md. M. D. - other
Date signed 8-21-48

RECEIVED

AUG 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 days 2 hours 45 min.
 Hospital, institution, or street address where death occurred:
Prince Georges General Hospital
 How long in hospital or institution? 12 days 2 hours 45 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Mt. Rainier
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4016 Ingraham St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Marcelle McClure

3. (b) Social Security Number

4. Sex Female 5. Color or race w 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ray McClure 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 15, 1912

8. AGE: Years 36 Months 4 Days 9 If less than one day
 hrs. min.

9. Birthplace Glenside, Penna.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Louis W. Carroll

13. Birthplace Wash. D. C.

14. Maiden name Anna H. Carroll

15. Birthplace Portland, Maine

16. Informant Mr. Ray D. McClure

Address 4016 Ingraham St. Mt. Rainier Md.

17. Buried Date thereof 8/27/48
 (Burial, cremation, or other) Which? (month) (day) (year)

Cemetery or crematory Mt. Limestone

Location Edman Manor Md

18. Funeral director Walter H. Hyatt

Address 1300 N St NW

19. 8/25 19 48 Amanda Dorey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 19 48 at 9 00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 10 19 47 to Aug 24 19 48
 and that I last saw her alive on Aug 24 19 48

Immediate cause of death Sarcoma - left arm
Et leuc. with
circled metastases.

Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... injured at work?

23. SIGNATURE Alfred C. C. D.
Hyatt M. D. or other

Address..... Date signed 8-25-48

08580

47d

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08581

157a

245

1. PLACE OF DEATH:

County Prince George
 City or town Mt. Rainier Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 mos 5 days
 Hospital, institution, or street address where death occurred:
Mrs. Bello Nursing Home
 How long in hospital or institution? 4 mos 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Va. County
 City or town Arlington Va
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 616 N. Jefferson Va
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Joyce Ann McQuinn
 4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced

3. (b) Social Security Number

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Feb. 1948

6. (c) If alive, give age

8. AGE: Years 6 Months 7 Days 7 If less than one day

9. Birthplace Arlington Hospital Va

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Ralph Henry McQuinn13. Birthplace Wash. D.C.14. Maiden name Katherine Roger Patch15. Birthplace Arlington Va16. Informant Mrs. Emmett BellAddress 3209 Perry St.17. Removal Date thereof Sept. 1-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Arlington, Va.18. Funeral director B. J. OliverAddress 2847 Wilson Blvd. Arlington Va.19. Aug 31 1948 Jane Sever

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1948 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

Immediate cause of death

DURATION

Due to SpinabifidaDue to Severe Hydrocephalus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. McGlone

M. D. or other

Address Chesley, Md Date signed

RECEIVED

SEP 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 3 mos., 22 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 3 mos., 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1315 Wallace Place, N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Thomas M^c Kenney (McKenney)

3. (b) Social Security Number

- - -

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife..... Lillian McKinney (McKenney)

6. (c) If alive, give age..... 42..... years

7. Birth date of deceased (mo., day, yr.)

May 9, 1900

8. AGE:

48

Years

Months

2

Days

24

If less than one day

hrs.

min.

9. Birthplace

Spartanburg, South Carolina
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

- - -

FATHER
MOTHER

12. Name

John McKinney (McKenney)

13. Birthplace

Chesney, South Carolina

14. Maiden name

Ella Lwitty

15. Birthplace

Rutherford Co., North Carolina

16. Informant

Deceased

Address

17. removal (Burial, cremation, or removal. Which?)

Date thereof.....

Aug 4, 1948
(month) (day) (year)

Cemetery or crematory

Washington D.C.

Location

18. Funeral director

Address

19.

8 - 4
(Date rec'd by registrar)Rowland S. Philips
Registral

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Aug 4, 1948, at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/22, 1948, to 8/4, 1948
and that I last saw him alive on 8/4, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

3 1/2 days

Due to.....

Due to.....

Other conditions

Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Pinicars MD, M. D. or other
Glenn Dale Md. Date signed 8/4/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 17 1948

BUREAU V. S.

as per [unclear] of [unclear]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

08583

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 yrs., 7 mos., 17 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 6 yrs., 7 mos., 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1301 Vermont Avenue, N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

MIDDLETON LEA B

3. (b) Social Security Number

579-10-2114

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife..... -

7. Birth date of deceased (mo., day, yr.) July 19, 1878 6. (c) If alive, give age..... years

8. AGE: Years 70; Months 70; Days 0; If less than one day 29 hrs. min.

9. Birthplace Washington, D. C.
 (Town, county, and state)

10. Usual occupation..... Patent Attorney

11. Industry or business..... - - - -

12. Name..... Lea B. Middleton

13. Birthplace Washington, D. C.

14. Maiden name..... Anne Dort

15. Birthplace Washington, D. C.

16. Informant..... Deceased

Address.....

17. Removal Date thereof Aug 17-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location Washington, D. C.

18. Funeral director..... Debel Funeral Home

Address 4822 Lehigh Ave. N. W. Wash. D. C.

19. Aug 17, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1948, at 4:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/30, 1941, to 8/17, 1948, and that I last saw him alive on 8/17, 1948.

Immediate cause of death.....

DURATION

Pulmonary Tuberculosis 11 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel P. Pincane M.D.

M. D. or other

Address Glenn Dale Md Date signed 8/17/48

RECEIVED

AUG 26 1948

BUREAU V. S.

Handwritten signature and date
J. Edgar Hoover
Aug 26 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08584 24/5

1. PLACE OF DEATH: PRINCE Georges
 County College PARK, Md
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs
 Hospital, institution, or street address where death occurred: College PARK
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Prince Georges
 City or town College Park, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME ESTHER WEBB MOWATT

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race White 6. (a) Single, married, widowed, or divorced MARRIED
 6. (b) Name of husband or wife ALEXANDER MOWATT

7. Birth date of deceased (mo., day, yr.) FEB 26 - 1882 8. (c) If alive, give age 68 years

8. AGE: Years 66 Months 5 Days 25 If less than one day hrs. min.

9. Birthplace OXFORD, ENGLAND (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name WILLIAM WEBB

13. Birthplace OXFORD, ENGLAND

MOTHER 14. Maiden name HARRIET WHITE

15. Birthplace OXFORD, ENGLAND

16. Informant MRS MAJORIE SHIRK

Address College PARK, Md

17. Burial Date thereof Aug 23, 1948

(Burial, cremation, or removal. Which?) Cemetery or crematory St John Church Cemetery

Location Beltsville Md

18. Funeral director F. J. J. Jones

Address Hyattsville Md

19. Aug 22, 1948 Mrs. J. J. Jones

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 August 1948 5 15 PM

21. I CERTIFY that death occurred on the date above stated that I attended deceased from 8 July 48 to 20 Aug 48

and that I last saw him alive on 19

Immediate cause of death Bilateral Pulmonary Congestion

Other conditions

Due to Metastatic CARCINOMA of Lungs - bilateral

Due to CARCINOMA of Left Breast

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

RECEIVED

AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
 City or town Farmington Heights
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

JOHN THOMAS PALMER

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 9. 1883 6. (c) If alive, give age _____ years8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name ROBERT H. PALMER13. Birthplace MD14. Maiden name HANNAH CARROLL15. Birthplace MD16. Informant Robert H. Palmer BrotherAddress 718-58" AVE.17. Burial Date thereof Aug 21/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lincoln Mem CemeteryLocation Washington, D.C.18. Funeral director Barnes & MatthewsAddress 614-4" St. S.W. Wash, DC.19. Aug. 19 19 48 Registrar Carrie F. Campbell

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DC County _____City or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 2730 - Sherman Ave NW
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 19 48 at 2:15 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3 19 48 to Aug 19 19 48and that I last saw him alive on Aug 18, 1948 19 48Immediate cause of death Cerebral hemorrhageDue to Chronic Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State).

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Vernon A. Wilkerson

M. D. or other _____

Address 61 K St NW Date signed Aug 19, 48

(Date signed by registrar)

RECEIVED

AUG 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Brentwood Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Brentwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4529 34th St
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry Charles Peltier

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Eva Peltier
 6.(c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) Oct 17, 1892
 8. AGE: Years 56 Months Days If less than one day
 hrs. min.

9. Birthplace New York
 (Town, county, and state)
 10. Usual occupation Guard
 11. Industry or business
 12. Name Eugene Peltier
 13. Birthplace New York
 14. Maiden name Unknown
 15. Birthplace New York

16. Informant Eva Peltier
 Address Brentwood Md.
 17. Burial Date thereof Aug 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Arlington In
 Location Colma Virginia-d.
 18. Funeral director F. Gasch's Sons
 Address Hyattsville Md.

19. Aug 23 48 James Davis Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20 19 48 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-16 19 48 to 8-20 19 48
 and that I last saw him alive on 8-19 19 48

Immediate cause of death Acute Coronary Proliferation
(Proliferation of blood vessels)

Due to Chronic Hypertension
& Congestive Failure

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. B. Royce M.D.
 Address W. B. Royce M.D. Date signed 8-20-48

08585

93d

RECEIVED

AUG 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Hyattsville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Hyattsville Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4918 43 avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Myrtle Elizabeth Pierson

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Charles J. Pierson
 6.(c) If alive, give age 82 years
 7. Birth date of deceased (mo., day, yr.) Feb 2, 1879
 8. AGE: Years 69 Months Days It less than one day
 hrs. min.

9. Birthplace Pa
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Andrew Dever13. Birthplace Pa14. Maiden name Margaret Dever15. Birthplace Pa16. Informant Miss Bernice F. PiersonAddress Hyattsville Md.17. Cremation Date thereof Aug 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar Hill CemeteryLocation Suitland Maryland18. Funeral director F. Gasch's SonsAddress Hyattsville Maryland.

Aug 30 1948 James Serry
 (Date seen by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 Aug 1948 at 9 p M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1942 to 19 Aug 1948and that I last saw him or her alive on 18 Aug 1948

Immediate cause of death:

acute dilatation and myocardial infarction

DURATION

15 minutesDue to terminal complication of acute dilatation and extensiveDue to pen which she seemed to be recovering

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James Serry M.D.
 Address 2200 R 9. ASHTON D.C. Date signed 20 Aug 48

RECEIVED

AUG 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 mos., 6 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 7 mos., 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County Washington
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3126 E. Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

ARTHUR H. QUINN

3. (b) Social Security Number

227-09-3078

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Sarah L. Quinn
 6. (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) September 8, 1912

8. AGE: Years 35 Months 35 Days 11 If less than one day 11 hrs. min.

9. Birthplace Richmond, Virginia
 (Town, county, and state)

10. Usual occupation Iron Worker

11. Industry or business ---

12. Name James Leroy Quinn

13. Birthplace Atlanta, Georgia

14. Maiden name Viola Hypes

15. Birthplace ? Virginia

16. Informant Deceased

Address

17. Burial Date thereof Aug 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location Prince George's County, Md.

18. Funeral director Wm. Lee's Sons Co.

Address 300-4 28. N.E. Wash D.C.

19. Aug 19, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 19 1948 at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN. 12 1948 to AUG. 19 1948
 and that I last saw him alive on AUG. 19 1948

Immediate cause of death Tuberculous Meningitis DURATION 3 mo.

Direct Pulmonary Tuberculosis 8 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Lee Funicane MD
 M. D. or other

Address Glenn Dale, Md. Date signed 8-19-48

RECEIVED

AUG 26 1948

BUREAU V. S.

Evidence for change of age
is shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08589

FILM No. G 117 SEP 15 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges Co
City or town 5711 43rd apt 1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Syattsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5711 43rd apt 1
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Hildur Eugenia Reeves

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

James Reeves

7. Birth date of deceased (mo., day, yr.)

Sept 20, 1902

6. (c) If alive, give age

47 years

8. AGE:

Years

Months

Days

If less than one day

45 46

hrs. min.

9. Birthplace

Md
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

FATHER
MOTHER

12. Name

unknown

13. Birthplace

Massachusetts

14. Maiden name

unknown

15. Birthplace

Texas

16. Informant

James Reeves

Address

Syattsville Md

17. Burial

Burial

Date thereof

Aug 31, 1948

(Burial, cremation, or removal. Which?)

St. Lincoln

Cemetery or crematory

Colmar Manor Md

Location

F. Busch's sons

18. Funeral director

Syattsville Md

Address

19. Aug 30 1948

(Date rec'd by registrar)

Ms. Jas. Severe

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29, 1948 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1946 to Aug 29, 1948

and that I last saw him alive on Aug 25, 1948

Immediate cause of death

Coronary atherosclerosis

DURATION

Due to

Toxic Erythema

Due to

Gastric

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Bell

M. D. or other

Address: H. H. Bell Date signed 8/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *1639* *245*

1. PLACE OF DEATH:

County *Prince Georges*
 City or town *Riversdale, Md.*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *40 minutes*
 Hospital, institution, or street address where death occurred:

Seland Memorial Hospital

How long in hospital or institution? *40 minutes*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Prince Georges*

City or town *Riversdale*
 (If outside city or town limits, write RURAL and give nearest town)

Street No. *5413 - Riversdale Road*
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

(a) FULL NAME

John Stephens Reynolds

4. Sex *M* 5. Color of race *W.* 6.(a) Single, married, widowed, or divorced *married*

6.(b) Name of husband or wife *Clara B. Reynolds*

6.(c) If alive, give age *55* years

7. Birth date of deceased (mo., day, yr.) *June 30, 1896*

8. AGE: Years *52* Months *1* Days *19* If less than one day, hrs. min.

9. Birthplace *Baltimore, Md.*
 (City or town, county, and state)

10. Usual occupation *Electrician*

11. Industry or business

12. Name *Thomas Reynolds*

13. Birthplace *Balt. Md.*

14. Maiden name *Sarah V. Stevens*

15. Birthplace *Balt. Md.*

16. Informant *Clara B. Reynolds*

Address *5413 - Riversdale Rd. Riversdale*

17. *Burial* Date thereof *Aug 23, 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Arlington National Cemetery*

Location *2A*

18. Funeral director *F. Gasco's Sons*

Address *Hyattsville, Md.*

19. *Aug 22, 1948* *Mrs. Jas. Severe*
 (Date rec'd by registrar) (Signature) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *August 19* 19 *48* at *8:10 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*

and that I last saw him *alive* on *19*

Immediate cause of death *Suicide by drink-* DURATION

ing poison

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results *Same*

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Suicide* Date of *Aug. 15, 1948*

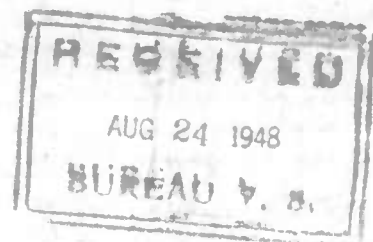
Where did injury occur? *Riversdale, Pr Geo - Md.*
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *home*

Means of injury *Suicide* Injured at work?

23. SIGNATURE *John J. Maloney, M.D.* *Deputy*
 Address *Cherry - Md.* M. D. or other *8-19-48*

Date signed *8-19-48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08592

940

232

1. PLACE OF DEATH:

County Prince George'sCity or town Ritchie
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

6767 White House Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Prince GeorgesCity or town Ritchie
(If outside city or town limits, write RURAL and give nearest town)Street No. 6767 Whitehouse Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (a) FULL NAME

Arthur Pinkney Ryon

3. (b) Social Security Number

No

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Edith Ryon
(Nee Reed) 6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 5, 1883

8. AGE: Years 65	Months 1	Days 16	If less than one dayhrs.min.
----------------------------	--------------------	-------------------	--

9. Birthplace Prince Georges Co., Md.
(Town, county, and state)10. Usual occupation Retired Clerk

11. Industry or business

FATHER	12. Name <u>William S. Ryon</u>
	13. Birthplace <u>Prince Georges Co., Md.</u>
	14. Maiden name <u>Christiana Wilson</u>
MOTHER	15. Birthplace <u>Prince Georges Co., Md.</u>

16. Informant Mrs. Edith Ryon (Wife)Address 6767 Whitehouse Rd. Washington 417. Burial Date thereof Aug. 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar HillLocation Suitland, Maryland18. Funeral director Ritchie Bros.Address Upper Marlboro Md.19. Aug 23 1948 Registrar Rand Smith
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sat August 21, 1948 at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 6, 1948 to Aug 21, 1948
and that I last saw him alive on Aug 21, 1948

Immediate cause of death

Coronary Thrombosis 1/2 hr

Due to

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James E. Parker M.D.
Upper Marlboro Md. Date signed 8-23-48

RECEIVED

AUG 24 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08593

FILM No. G 117 SEP - 2 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days 3 hrs. 10 min.
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George's
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2407-59th Place
(If rural, give LOCATION)
2.(a) Is veteran, name war No

3. (a) FULL NAME

MRS. Lewis Schmidt

3. (b) Social Security Number

None

4. Sex

female

5. Color or race

w

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Walter A. Schmidt

7. Birth date of

deceased (mo., day, yr.)

Sept. 24 1909

6. (c) If alive, give age

38 years

8. AGE:

Years

Months

Days

If less than one day

38

39

2

hrs.

min.

9. Birthplace

Colorado

(town, county, and state)

10. Usual occupation

housewife

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

Transportation Aug 29, 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

Aug 29 1948 Amanda Kozonay
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/26 1948 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1948 to August 1948

and that I last saw him/her alive on

8/26

1948

Immediate cause of death

Septicemia

DURATION

Due to

Primary inertia & ruptured membranes

Due to

Pregnancy - Placenta Previa

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Extra-peritoneal Rupture
Secondary: confirming, above date of op. 8/26/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

Francis Warren, M.D.
M. D. or other

Address 1746 - K St. N.W.

Date signed 8/26/48

RECEIVED

AUG 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs., 8 months
 Hospital, institution, or street address where death occurred:
Eugene Leland Memorial Hospital
 How long in hospital or institution? 5 yrs., 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Berwyn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Scott, Mrs. Lana

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife -
 7. Birth date of deceased (mo., day, yr.) March 21, 1862 6.(c) If alive, give age - years
 8. AGE: Year 86 Month 5 Day 10 It less than one day - hrs. - min.

9. Birthplace Washington, D. C.
 (Town, county, and state)
 10. Usual occupation housewife
 11. Industry or business -
 12. Name Jerimiah Indermauer
 13. Birthplace Washington, D. C.
 14. Maiden name Margaret Ann Norris
 15. Birthplace Washington, D. C.

16. Informant Hospital records
 Address -
 17. Burial Date thereof Sept 3, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Congressional Cemetery
 Location Washington D.C.
 18. Funeral director Lee's Sons Co.
 Address 300 1st St. N.E.
 19. Aug 31, 1948 Mrs. Jas. Severe
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1948 at 8:10 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1942 to Aug 31, 1948
 and that I last saw him alive on Aug 31, 1948
 Immediate cause of death Cerebral hemorrhage DURATION 10 yrs
General arteriosclerosis
 Due to -
 Due to -
 Other conditions -
 (Include pregnancy within 3 months of death)
 Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -
 23. SIGNATURE R. W. Mahan M.D. M. D. or other -
Riverdale, Md. Date signed 8-31-48

RECEIVED

SEP 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Charity Matilda Shepherd

3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....
6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.).....
8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....

16. Informant.....
Address.....

17. (Burial, cremation, or removal. Which?)..... Date thereof..... (month) (day) (year).....

Cemetery or crematory.....
Location.....

18. Funeral director.....
Address.....

19. (Date rec'd by registrar)..... 19..... Registrar.....

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... 19 Aug 1948 at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
and that I last saw him/her alive on.....

Immediate cause of death.....
DURATION.....

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

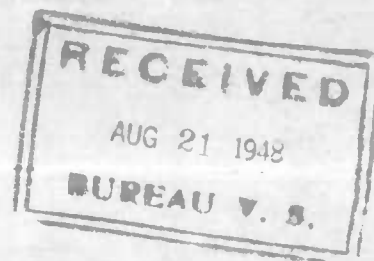
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... M.D. or other
Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



NAMES, addr: STATEMENT MARYLAND STATE DEPARTMENT OF HEALTH
FROM INFORMANT authorizing
changes. Filmed G117 8-30-48L

2411 N. Charles St., Baltimore

08596

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
City or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 hours
Hospital, institution, or street address where death occurred: Prince Georges Hosp
How long in hospital or institution? 6 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Prince George
City or town Mt. Ranier
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4006 - 31st Street
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Benjamin Robert Sherwood - left

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nellie Sherwood

7. Birth date of deceased (mo., day, yr.) January 24, 1874

8. AGE: Years 69 Months 6 Days 29 If less than one day hrs. min.

9. Birthplace Falls Church Virginia
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business U.S. Government

12. Name Robert I. Sherwood (ROBERT I. SHERWOOD)

13. Birthplace Va

14. Maiden name Mary Virginia Mills

15. Birthplace FALLS CHURCH VIRGINIA

16. Informant Robert Sherwood

Address 4014 - 31st St. Mt. Ranier, Md

17. Burial Date thereof Aug 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lucie Cemetery

Location Calmar Manor, Md

18. Funeral director J. Gaski Sons

Address Hyattsville, Md

19. Aug 25, 1948 Mrs. Jan. Devere
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 July August 1948 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Cerebral Hemorrhage Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

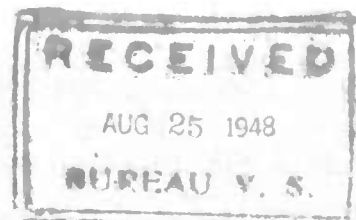
23. SIGNATURE John W. Maloney, M.D. Dep. Med Examiner

Address Chesapeake, Md Date signed 8-21-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

08597

1. PLACE OF DEATH:

County Prince Georges

City or town Chapel Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

9093 Old Fort Washington Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Chapel Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. Old Fort Washington Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Georgiana Shorter

3.(b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Harry Shorter

7. Birth date of deceased (mo., day, yr.)

abt 1866

5.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

82

hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Fred Young

Address

9093 Old Fort Washington Road

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Aug 13 1948

Cemetery or crematory

Location

Chapel Hill, Md

18. Funeral director

John T. Rhines & Co

Address

901-3rd St. S. W.

19.

Aug 11 1948

19

48

Edna Collins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1948 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1919 1019

and that I last saw him alive on 1919

Immediate cause of death

Congestive heart failure
Cardiovascular renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Address

Date signed

8-9-48

RECEIVED

AUG 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince George
 City or town River Dale
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 minutes

Hospital, institution, or street address where death occurred:

Seland Memorial HospitalHow long in hospital or institution? 15 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Prince George

City or town Mt. Remer
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 4309-30th St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

George Stewart Skinner4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mable Irene Skinner7. Birth date of deceased (mo., day, yr.) April 15, 18948. AGE: Years 54 Months 4 Days 13 If less than one day hrs. min.9. Birthplace Madison, Va
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business Construction12. Name Charles Edward Skinner13. Birthplace Newport News, Va.14. Maiden name Lila Adams15. Birthplace Albemarle County, Va16. Informant Hazel Mae ThompsonAddress M. Arthur Boulevard Box 2517. Burial Date thereof Sept 2, 1948
(Burial, cremation, or removal. Which?) (month, day, yr.)Cemetery or crematory Art. Natl. Cem.Location Fairview, Va.18. Funeral director W. C. Hatcher CoAddress Princeton, Md19. Sept 11 19 48 Ms. J. J. Severe
(Date rec'd by registrar) (month, day, yr.) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 19 48 at 9:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death Fracture of clavicle (R)Fracture of 1st, 2nd & 3rd ribs (R)Laceration of 1st portion of subclArtery. Hemorrhage& shock

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental Date of 8-25-48Where did injury occur? Brentwood P. Geo. Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Truck tracksMeans of injury struck by trolley injured at work?23. SIGNATURE John J. Maloney, Examiner
M. D. or otherAddress Chesley, Md Date signed 8-29-48

RECEIVED

SEP 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Baltimore
 City or town Takoma Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
403 Belford Place
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County P. Georges
 City or town Takoma Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 403 - Belford Place
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Florence M. Sloan

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ginson Merrick Sloan
 7. Birth date of deceased (mo., day, yr.) Sept 7, 1906 6. (c) If alive, give age 39 years
 8. AGE: Years 41 Months 11 Days 27 It less than one day
 hrs. min.

9. Birthplace Philadelphia, Pa.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name Louis M. Hagg
 13. Birthplace Switzerland
 14. Maiden name Florence Harper
 15. Birthplace Philadelphia

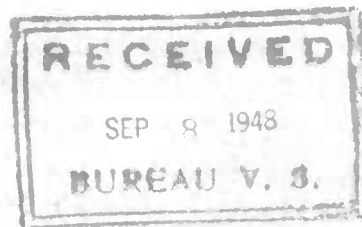
16. Informant Ginson Merrick Sloan
 Address 403 Belford Place
 17. Removal Date thereof 3 Sept 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory In Funeral Home
 Location Washington, D.C.
 18. Funeral director J. Sachs - Sons
 Address Hyattsville Md.
 19. Sept 3, 1948 Annanda Conway
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1948 at 8:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19....., to19.....
 and that I last saw himalive on19.....
 Immediate cause of death Cerebral Compression
Subdural Hemorrhage
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results Same
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of 8-31-48
 Where did injury occur? Takoma Park, P. Geo. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Injured at work?
 23. SIGNATURE John J. Maloney, M.D. Deputy
Cheruby, Hyattsville M.D. or other
 Address Date signed 9-1-48

PL 2000
H. M. H. H.
H. M. H. H.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 248

1. PLACE OF DEATH:

County Prince Georges
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4103 - Longfellow
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

General Grant Stalcups
 4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Gertrude E. Stalcups
 7. Birth date of deceased (mo., day, yr.) Oct. 31, 1878
 6. (c) If alive, give age 66 years
 8. AGE: Years 69 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Norton, Kansas
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Clerk
 12. Name Usher Jones Stalcups
 13. Birthplace Unknown
 14. Maiden name Mary Elizabeth Gason
 15. Birthplace Unknown

16. Informant Ulysses Stalcups
 Address 4103 - Longfellow St. Hyattsville
 17. Burial Date thereof Aug. 27, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Fort Lincoln Cemetery
 Location 3201 - Bladenburg Rd. Colmar Manor

18. Funeral director William J. Nalley
 Address 3200 - R.I. Ave. Mt. Rainier, Md.
 19. Aug 27 1948 James Berry
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24 1948, at _____ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1942, to Aug 21 1948
 and that I last saw him alive on Aug 24 1948

Immediate cause of death Coronary Thrombosis
 Duration _____

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injury at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. J. Nalley M. D.
 Address Hyattsville Date signed Aug 27

08660

512

248

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 28 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08601

232

1. PLACE OF DEATH:

County Prince George's
 City or town Allentown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yr
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Geo Co.
 City or town Allentown Road - DC 20
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7225-Allentown Road -
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Harvey Maurice M. Stockman

3. (b) Social Security Number

none4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Annie M. Stockman7. Birth date of deceased (mo., day, yr.) June 25 1887 8. (c) If alive, give age 59 years8. AGE: Years 64 Months _____ Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Fredrick Co. Maryland
(Town, county, and state)10. Usual occupation Farmer Retired11. Industry or business Civil Farm12. Name Walter M. Cypher Stockman13. Birthplace Maryland14. Maiden name Annie M. Stockman15. Birthplace Maryland16. Informant Annie M. StockmanAddress 7225 Allentown Rd SE DC 2017. Burial Date thereof 8-26-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran CemeteryLocation Middletown Md18. Funeral director Ed. Hall Co.Address Middletown Md19. Aug 25 48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1948 at 4 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1948 to Aug 23 1948 and that I last saw him alive on July 23 1948

Immediate cause of death Carcinoma of Transverse colon with metastases to liver and glands
 DURATION 3 mo.
 Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of TransverseColon as above Date of op. July 20 1948Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Causes Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Walter M. Cypher M. D. Aug 23 1948Address Washington 19 DC Date signed Aug 23 1948

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges CountyCity or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

4605 - Burlington Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 4605 - Burlington Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Agnes Sullivan

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John A Sullivan

7. Birth date of deceased (mo., day, yr.)

May 8, 1873

6. (c) If alive, give age..... years

8. AGE:

Years 75 Months 3 Days 3 It less than one day
..... hrs. min.

9. Birthplace

Ireland
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Company

12. Name

Ireland

13. Birthplace

Mary Flynn

14. Maiden name

Ireland

15. Birthplace

John A Sullivan

16. Informant

4603 - Baltimore Ave Hyattsville

17. Burial

Aug 13, 1948
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

18. Cemetery or crematory

Washington St

19. Funeral director

L. Boschey Sons

Address

Hyattsville Md

20. Signature

Aug 12, 1948
(Date rec'd by registrar) 19 48 Mrs. Joe Severe
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 19 48 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him alive on..... 19.....

Immediate cause of death

My pericardial Heart
disrupt with decompen-
sation

DURATION

3 years

Due to

Other conditions

Complications due to
multiple De Quervain's
(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Maloney, M.D.
Cherry Hyattsville
Address..... Date signed 8-11-48

RECEIVED

AUG 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
 City or town Cedar Hgts
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George
 City or town Cedar Hgts
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1028-65th Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Walter Alexander Thomas

3. (b) Social Security Number

4. Sex

M

5. Color or race

Colored Married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Anner Lou6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

Feb 13, 1878

8. AGE:

Years

Months

Days

If less than one day

70616

hrs.

min.

9. Birthplace

Stanton, Virginia
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Jack Thomas

13. Birthplace

Stanton, Virginia

14. Maiden name

Maggie Fitzgerald

15. Birthplace

Stanton, Virginia

16. Informant

Anner Thomas

Address

1028-65th Avenue

17.

(Burial, cremation, or removal. Which?)

Date thereof

Sept 1, 1948
(month, day, year)

Cemetery or crematory

Woodlawn Cemetery

Location

Washington, DC

18. Funeral director

John T. Rhines

Address

901-3rd St SW

19.

(Date rec'd by registrar)

Sept 1, 1948Edna F. Rhine
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1948 at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 13, 1947 to Aug 29, 1948and that I last saw him alive on Aug 27, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

2 hrs

Due to

Coronary

Due to

Sclerosis?

Other conditions

Nephrosclerosis?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wilbur F. Jackson

M. D. or other

Address

319-Division Ave NE

Date signed

8/29/48Wash D.C.

10-20-48
10-20-48

10-20-48
10-20-48

10-20-48

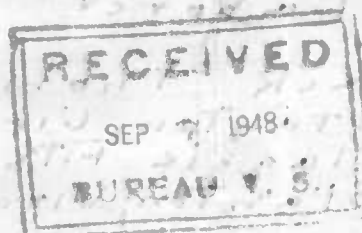
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10-20-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137d 08604 231

1. PLACE OF DEATH:

County Prince George

City or town Cliverly, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, institution, or street address where death occurred:

Pr. Geo. Gen. L. Hosp.

How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pr. Geo. Co.

City or town Beltsdown
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME

Thomas Henry Sydneys

3. (b) Social Security Number

No.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife Sarah Rebecca Sydneys

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1870
B. (c) If alive, give age years

8. AGE: Years 78 Months 6 Days 16 It less than one day hrs. min.

9. Birthplace Upper Marlboro, Md.
(Town, county, and state)

10. Usual occupation retired

11. Industry or business

12. Name Sydneys

13. Birthplace Md.

14. Maiden name don't know

15. Birthplace don't know

16. Informant Mr. Emily Hook

Address Croon Station, Md.

17. Burial Date thereof 8 19 48
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Mt. Lady of the Fields

Location Millersville - Anne Arundel Co Md

18. Funeral director Ritchie Bros.

Address Upper Marlboro, Md.

19. August 16, 1948 Amanda Downey
(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16, 1948, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18, 1948, to Aug. 16, 1948

and that I last saw him alive on Aug. 14, 1948

Immediate cause of death Pulmonary Embolus

DURATION

Due to Post. op. Complication ?

Due to Prostatectomy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Hysterectomy of Prostate

Date of op. Aug. 4, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James M. Fadell, M.D.

Address 1835 Eye Street Date signed Aug. 16, 1948

RECEIVED

AUG 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Wash. 20.000
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Geo.

City or town Wash. 20.000
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4415 Wheeler Rd. S.E.

(If rural, give LOCATION)

2. (a) If veteran, name war none

3. (a) FULL NAME

JAMES HENRY VERMILLION

3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary A. Vermillion

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17th 1885

8. AGE: Years 63 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Upper Marlboro Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Baltimore Transit Co.

12. Name Julius Vermillion

13. Birthplace Maryland

14. Maiden name Emma Boswell

15. Birthplace Maryland

16. Name Mrs Mary A. Vermillion

Address 4415 Wheeler Rd. S.E.

17. Burial Date thereof 8-28-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lorraine Park

Location Baltimore Md.

18. Funeral director B.W. Chambers Co.

Address 517 11th St S.E.

19. Aug 27 19 48 Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 19 48 at 4:05 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

August 8 19 48 to August 26 19 48

and that I last saw him alive on August 26 19 48

Immediate cause of death Congestive Heart Failure

DURATION

6 mo.

Due to arteriosclerotic H.D. 2 yr.

Due to Generalized Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. O'Grady M.D.

Address 2904 Nichols Ave S.E. Date signed 8-26-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town College Park, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Helsie Bell Board

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Ferdinand L. Board

7. Birth date of deceased (mo., day, yr.)

June 20, 1874

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

74119

hrs.

min.

9. Birthplace

Somerset Co., Md

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

FATHER
MOTHER

12. Name

A. J. Rusey

13. Birthplace

Somerset Co., Md

14. Maiden name

Mary Ellen Richardson

15. Birthplace

Somerset Co., Md

16. Informant

Mrs Grace Long

Address

4605 Amburst Rd College Park Md

17.

Burial
(Burial, cremation, or removal Which?)

Date thereof

Aug 12, 1948
(month) (day) (year)

Cemetery or crematory

Baptist Cemetery

Location

Pocomoke Md

18. Funeral director

F. Paschisore

Address

Hyattsville Md

19.

August 10, 1948
(Date rec'd by registrar)Mrs. Jas. Devere
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County New CastleCity or town Wilmington
(If outside city or town limits write RURAL and give nearest town)Street No. 2207 - West Street

(If rural, give LOCATION)

2. (a) If veteran, name war.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1948 at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Acute Congestive Heart Failure

DURATION

1 hr.

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John J. Maloney, M.D.
Chesley Hyattsville
Address..... Date signed 8-9-48

RECEIVED

AUG 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: PRINCE GEORGE'S
 County BERWYN
 City or town BERWYN
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred:
4700 BERWYN Rd
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State md County Prince George's
 City or town Berwyn Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4700 - Berwyn Rd -
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME FRANCES WILLIAMS WERBER 3. (b) Social Security Number -

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED
 6. (b) Name of husband or wife FREDERICK J WERBER JR.
 7. Birth date of deceased (mo., day, yr.) 30 AUG 1858
 8. AGE: Years 89 Months 11 Days 21 If less than one day - hrs. - min.

9. Birthplace BULLOCK CO. GEORGIA
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business WASHINGTON ROACH
 12. Name ABRAHAM W WERBER JR.
 13. Birthplace UNKNOWN
 14. Maiden name FRANCES PETERSON
 15. Birthplace UNKNOWN

16. Informant RALPH H CASE
 Address BERWYN, Md.

17. Burial Date thereof Aug 24 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Greenwood Cemetery
 Location Washington, D.C.

18. Funeral director J. Jaschke Sons
 Address Hyattsville Md.

19. Aug 22 19 48 Min. Jaschke Sons
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 August 1948 at 7:30 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCTOBER 1946 to August 1948
 and that I last saw ER alive on 20 August 1948
 Immediate cause of death CEREBRAL THROMBOSIS DURATION 1 DA
 Due to Generalized ARTERIOSCLEROSIS 5 YR +
 Due to Multiple contusions BACK & Right Leg
 Other conditions (Contributing AS ABOVE)
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

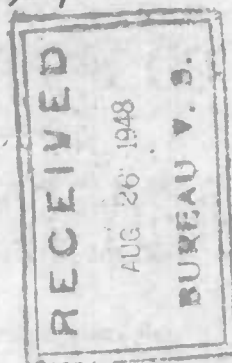
22. VIOLENCE: If death was due to external causes, fill in the following: July 7, 1948
 Accident, suicide, or homicide Accident Date of July 7, 1948
 Where did injury occur? BERWYN PR GEO MD
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) HOME
 Means of injury FALL ON STAIRS Injured at work? No
 23. SIGNATURE Dr. Etienne
Berwyn, Md M. D. or other 8-21-48
 Address (OVER) Date signed

Deputy MEDICAL

EXAMINER -

DR JOHN T MALONEY '48

Notified 7⁴⁵ PM 21 Aug 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:

County Prince George

City or town Greenbelt
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Greenbelt
(If outside city or town limits, write RURAL and give nearest town)Street No. 11-K Ridge Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edith L Wilkinson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife James L Wilkinson

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12-1875

8. AGE: Years 73 Months Days If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Eli Moulden

13. Birthplace Md.

14. Maiden name Martha E. Riggs

15. Birthplace Va.

16. Informant Edith W. Lyles

Address 11-K Ridge Rd Greenbelt Md.

17. Burial Date thereof August 10th 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington National

Location Arlington Va.

18. Funeral director Wm J. Haller

Address 3200-R.I. Ave. Mt. Rainier Md.

19. Aug. 10th 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6 1948 at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1946 to 8/5 1948 and that I last saw her alive on 8/5 1948

Immediate cause of death Respiratory failure DURATION

Due to Cardiac failure

Due to Chronic Passive Congestion

Due to Aortic sclerotic Heart disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of

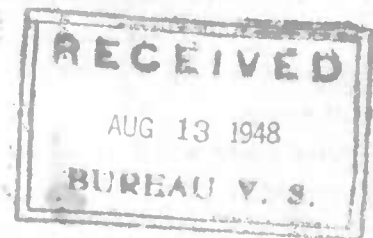
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William L. Lyles M.D.

Address 30-B Ridge Rd Date signed 8/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *ML*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08605

234

1. PLACE OF DEATH:

County *Prince George's*
 City or town *Silver Hill*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *Transient*
 Hospital, institution or street address where death occurred *Naylor and Military Roads*
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *District of Columbia* County
 City or town *Washington*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *720 Virginia Ave*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Lewis Edward Williams

3.(b) Social Security Number

4. Sex *male* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *married*

6.(b) Name of husband or wife *Romayne Williams*

7. Birth date of deceased (mo., day, yr.) *May 17, 1905* 6.(c) If alive, give age *40* years

8. AGE: Years *43* Months Days If less than one day hrs. min.

9. Birthplace *Maryland*
 (Town, county and state)

10. Usual occupation *attendant*

11. Industry or business *St. Elizabeth's Hospital*

12. Name *George E. Williams*

13. Birthplace *Maryland*

14. Maiden name *Jane P. Allen*

15. Birthplace *Maryland*

16. Informant *Mr. Agnes Andrews*

Address *3441 34th St NW Washington*

17. *Burial* Date thereof *Aug 28, 1948*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Cedar Hill Cemetery*

Location *Suitland Md*

18. Funeral director *F. Gasch's sons*

Address *Hyattsville Md*

19. *8/28* 19. *48* *Armanda Downey*

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *August 26, 1948* at *10:15 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*

and that I last saw him alive on *19*

Immediate cause of death *Romayne and*

shoot

Due to *crushed chest, skull*

fracture, pelvic

Due to

Other conditions *fracture of left femur*

and right tibia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *accident* Date of *8-26-48*

Where did injury occur *Silver Hill P.S. Md*

(City or town) (County) (State)

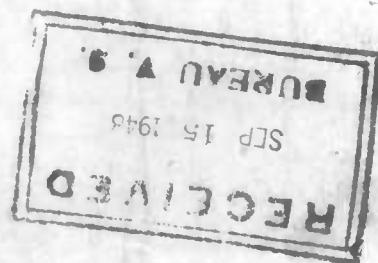
Injured at home, farm, industry, public place (where?) *Public roads*

Means of injury *hit by auto in collision* Injured at work

helped medical Examiner

23. SIGNATURE *J. Gasch* M. D. or other

Address *Frederick Md* Date signed *8-27-48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr., 5 mos., 9 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 1 yr., 5 mos., 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State D. C. County
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 115 Forrester St., S. W.
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME

WILLIAMSON JAMES EDWARD

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Sarah J. Williamson
 6.(c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) June 26, 1911
 8. AGE: Years 37 Months 37 Days 1 If less than one day 19 hrs. --- min. ---

9. Birthplace Ellisville, Mississippi
 (Town, county, and state)
 10. Usual occupation Machinist
 11. Industry or business ---
 12. Name John D. Williamson
 13. Birthplace ? Mississippi
 14. Maiden name Ethel A. Fokes
 15. Birthplace ? Mississippi

16. Informant Deceased
 Address
 17. Removal Date thereof Aug 14, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Washington, D. C.
 Location Chambers Funeral Home
 Address 517-11th St., S.E., Washington, D.C.
 18. Funeral director Aug 14, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1948 at 1145 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/25 1947, to 8/14 1948
 and that I last saw him 14 alive on 8/14 1948
 Immediate cause of death pulmonary tuberculosis
 DURATION 10 yrs + 5 mos.
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Daniel Leo Finucane M.D.
Glenn Dale Md M. D. or other
 Address..... Date signed 8/14/48

RECEIVED

AUG 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George's
 City or town Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Hills Family Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Prince George's
 City or town Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hills Family Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

May Elizabeth Wilson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William Wilson

7. Birth date of deceased (mo., day, yr.)

January 1, 1871

6. (c) If alive, give age

years

8. AGE:

77 Years 7 Months 26 Days less than one day hrs. min.

9. Birthplace

Maryland
(town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

William Wood

12. Name

Maryland

13. Birthplace

Princess Anne

14. Maiden name

Maryland

15. Birthplace

Thomas Wilson

16. Informant

Upper Marlboro, Md.

17. Burial

Burial Date thereof Aug. 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Union Methodist

Location

Upper Marlboro, Md.

18. Funeral director

Pitchie Bros.

Address

Upper Marlboro, Md.

19. Date rec'd by registrar

Aug 28 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1948 at 7:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to Aug 26, 1948and that I last saw him alive on Aug 12, 1948

Immediate cause of death

congestive heart failureDue to cardiopulmonaryDue to renal disease

Other conditions

(Include pregnancy within 6 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James P. ToAddress 2121 N. ...Date signed Aug 28 1948

Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Pr. Geo. Co.City or town Laurel, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Warrens Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pr. Geo. Co.City or town Berwyn, Md.
(If outside city or town limits write RURAL and give nearest town)Street No. Holly Road Road
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

Charles Chester Yoder

3. (b) Social Security Number

578-10-6615

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Esther M. Yoder

7. Birth date of

deceased (mo., day, yr.)

March 6, 1892

6. (c) If alive, give age years

8. AGE:

Years

56

Months

5

Days

18

If less than one day

hrs.

min.

9. Birthplace

Waverly, Ind.
(Town, county, and state)

10. Usual occupation

maternal

11. Industry or business

Cap. Transit Co.

MOTHER

FATHER

12. Name

Adam Yoder

13. Birthplace

Ind.

14. Maiden name

Mary Yoder

15. Birthplace

Ind.

16. Informant

Esther M. Yoder

Address

Holly wood Road, Berwyn, Md.

17.

(Burial, cremation, or removal. Which)

Burial

Date thereof

8-26-48

Cemetery or crematory

Wash. Natl. Cemetery

Location

Switzland, Md.

18. Funeral director

D. W. Saunders

Address

Riverdale, Md.

19.

(Date rec'd by Registrar)

Aug 26, 1948Mrs. J. S. Stevens

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1948 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 7, 1947, to Aug 24, 1948and that I last saw him alive on August 12, 1948

Immediate cause of death

Coronary ThrombosisMyocarditisDue to 1 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Warner M.D.Address LaurelDate signed 8/24/48

RECEIVED

SEP 7 1948

BUREAU Y. S.